

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 18, 1983

ALL-COUNTY INFORMATION NOTICE I-40-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) VERIFICATION AND  
FRAUD DETECTION SYSTEM DESCRIPTION SUMMARIES

REFERENCE:

The purpose of this letter is to provide you a copy of the AFDC Verification and Fraud Detection System Description Summaries developed by the State Department of Social Services (SDSS), AFDC Program Systems Bureau and Fraud Program Management Bureau. The summaries were developed as a means of quick reference to the various systems available to the counties in order to assist in the management of the AFDC Program in an effort to reduce errors and detect fraud effectively, efficiently and equitably. Additionally, the summaries may be used as a training tool for county eligibility staff.

The summaries contain a brief description of each verification, validation and fraud detection system maintained by SDSS. The Social Security Number Validation System and the Franchise Tax Board (FTB) Asset Clearance Match described in the summaries are in the developmental stage and will be updated when any changes are made to the system. You will also be notified as to when these systems will be available on a statewide basis.

If you have any questions, please contact your AFDC Program Management Consultant at (916) 445-4458.

Sincerely,

*Kyle S. McKinsey*  
KYLE S. MCKINSEY  
Deputy Director

Attachments

cc: CWDA

AID TO FAMILIES WITH DEPENDENT  
CHILDREN (AFDC)

VERIFICATION and FRAUD DETECTION SYSTEMS  
DESCRIPTION SUMMARIES

AFDC PROGRAM SYSTEMS BUREAU  
DECEMBER 1982

## SYSTEM DESCRIPTION SUMMARIES

- Earnings Clearance System (ECS)
- Veterans Benefit Verification and Referral System (CA 5)
- Alien Status Verification System (CA 6)
- Release of Information - Financial Institutions (CA 60)
- Social Security Benefit Verification System (CA 810/SSA 1610)
- Unemployment Insurance/Disability Insurance (UI/DI) Payment Verification System (DE 8720)
- Social Security Number Validation System
- Beneficiary and Earnings Data Exchange (BENDEX) (RSDI Report)
- Fraud Prevention Alert System
- Duplicate Aid Detection System (DADS)
- Interstate Duplicate Aid System (IDA)
- California/Nevada Earnings Clearance System
- Franchise Tax Board (FTB) Asset Clearance Match

## EARNINGS CLEARANCE SYSTEM (ECS)

The system provides a means for county welfare departments to validate the reporting by AFDC recipients of earnings and Unemployment and Disability Insurance (UI/DI) claim information.

### DATA PROVIDED BY THE SYSTEM

The ECS Report (ECS 155) provides wage information of certain persons who were paid wages in any amount during a quarter by an employer who participates in either or both the California UI or DI programs. The system also indicates when and where a claim has been filed for UI or DI benefits.

### HOW THE SYSTEM WORKS

The system is an automatic quarterly process that compares Social Security numbers of AFDC recipients contained on the state's Medi-Cal Eligibility History File with wage and claim records maintained by the Employment Development Department (EDD). The system only matches wage information that is pertinent to the caseload. When a Social Security Number (SSN) match results from the comparison of the two files, an ECS Report (ECS 155) is prepared and distributed to the county welfare departments.

The Eligibility Worker (EW) compares the total amount of income reported on the ECS 155 against all earnings reported by the recipient during the same quarter. County procedures are then used to clear up any discrepancies.

### TURNAROUND TIME

The ECS is run in the second month of each quarter. ECS 155s produced by that run are sent to the counties in the first part of the third month. The AFDC eligibility and earnings information provided on the ECS 155 is for the period two quarters before the run. In other words, ECS 155s received by the counties in September contain AFDC eligibles from the previous January through March quarter. Likewise, the earnings indicated were paid by the employer during the January through March quarter.

### SYSTEM LIMITATIONS

Social Security Number (SSN) - The AFDC recipient's SSN contained in the state's Medi-Cal Eligibility History File (EHF) is used to make the match with EDD earnings and UI/DI claim records. If there is no SSN in the EHF or if the SSN as it appears in either the EHF or EDD records is inaccurate, there will be no match. Even if the same person is in both files, a match will not occur if the county failed to obtain the recipient's SSN; the recipient, county, employer or state did not accurately record the SSN; or the SSN provided to either the county or employer is fictitious.

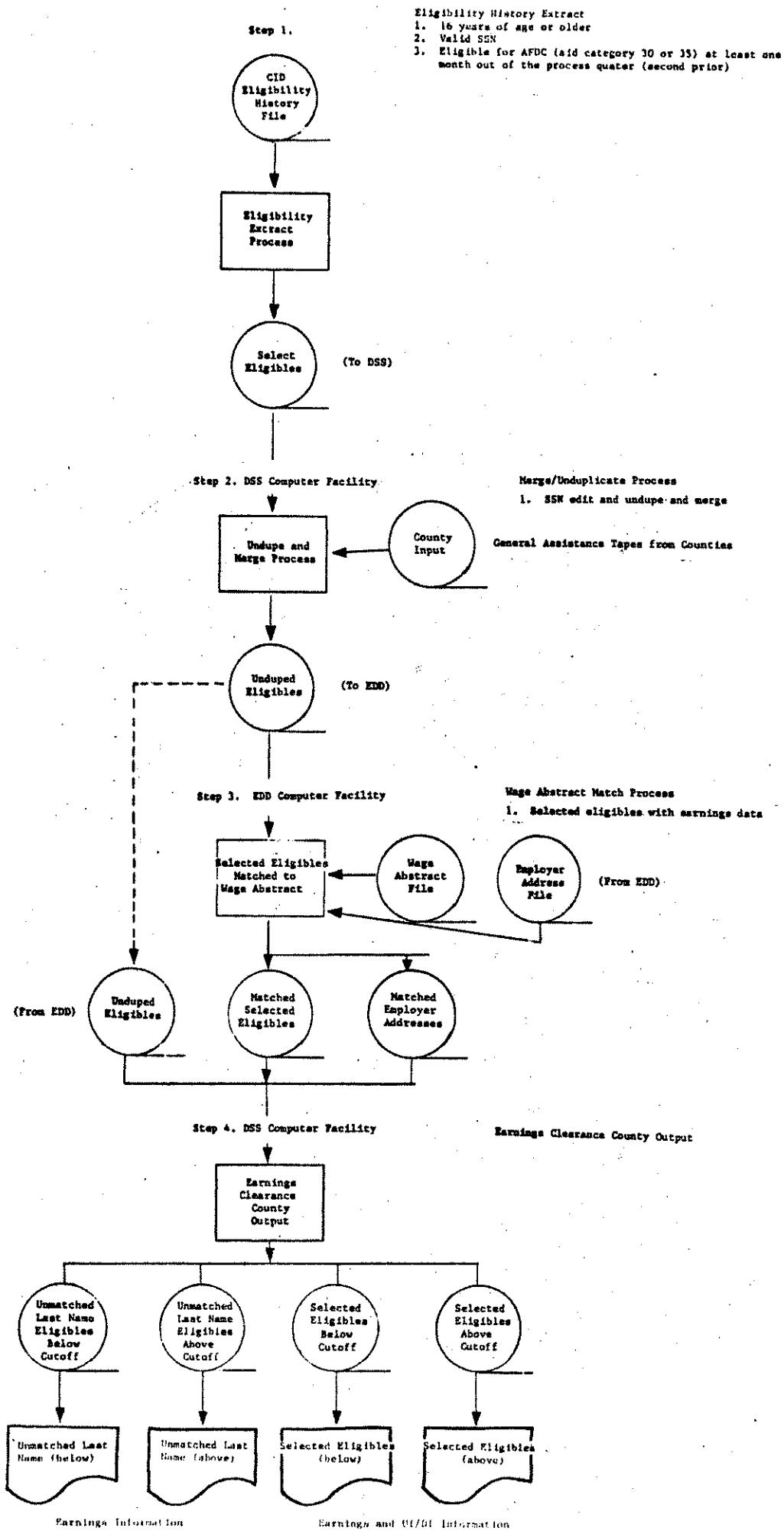
Earnings Covered - Only earnings from employment subject to UI/DI taxes are included. The earnings received by military personnel, most government employees, the self-employed and employees from some small firms are not included.

UI/DI Claim Information - The claim information provided only indicates that a valid UI or DI claim has been filed. No actual benefit information is printed. Where benefits are probable (determined by date of most recent claim), it may be necessary to verify their actual receipt and the amount by use of the DE 8720 process.

Timeliness of Information - The AFDC eligibility and earnings information is for the period two quarters prior to the quarter in which the ECS 155s are received. This means that information provided will always be five to seven months old.

KEY INPUT ELEMENTS

SSN



## VETERANS BENEFIT VERIFICATION AND REFERRAL SYSTEM (CA 5)

The system is provided to the county welfare departments (CWDs) as a means to obtain from County Veterans Services Offices (CVSO), verification of the existence and amount of veterans benefits being received by AFDC applicants/recipients. The system is also used to refer AFDC applicants/recipients who appear to be eligible for veterans benefits to CVSO to determine actual eligibility for veterans benefits.

### DATA PROVIDED BY THE SYSTEM

The completed form (CA 5) provides a person's veteran's eligibility status, who receives or is eligible to receive benefits, the type and amounts of benefits paid, and to which benefits the veteran and/or dependents are entitled.

### HOW THE SYSTEM WORKS

The CWD Eligibility Worker (EW) initiates the verification and referral (Form CA 5) to the CVSO at intake or redetermination. The form is either mailed for verification of current benefits or delivered in person, by the recipient, to determine eligibility for VA benefits. The CVSO reviews the referral and, if eligibility is apparent or if benefits are currently being received, forwards it to the Veterans Administration (VA) for final approval or certification. The VA responds to the county through the CVSO. Upon receipt of the final CVSO response, the EW notes the case record with the type and amount of benefit indicated, reviews the grant computation, and takes appropriate case action.

### TURNAROUND TIME

In most cases, the CVSO will give an initial response (original copy) on a claim to the CWD within two weeks. The final response (second copy) will take from three to six months.

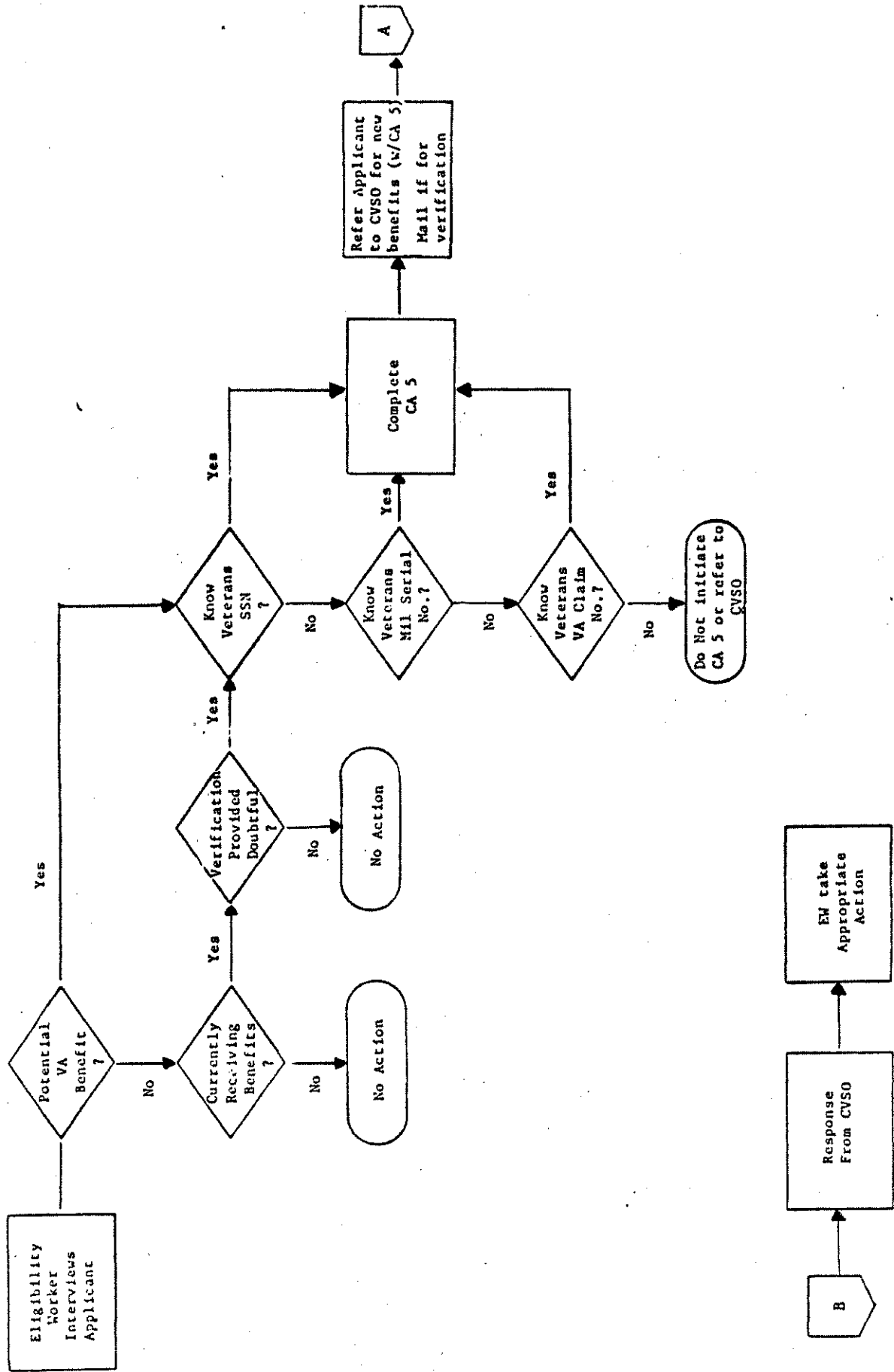
### SYSTEM LIMITATIONS

The system does not allow for a claim determination for those veterans who may be eligible for VA benefits, but for lack of sufficient county information cannot be identified by the VA.

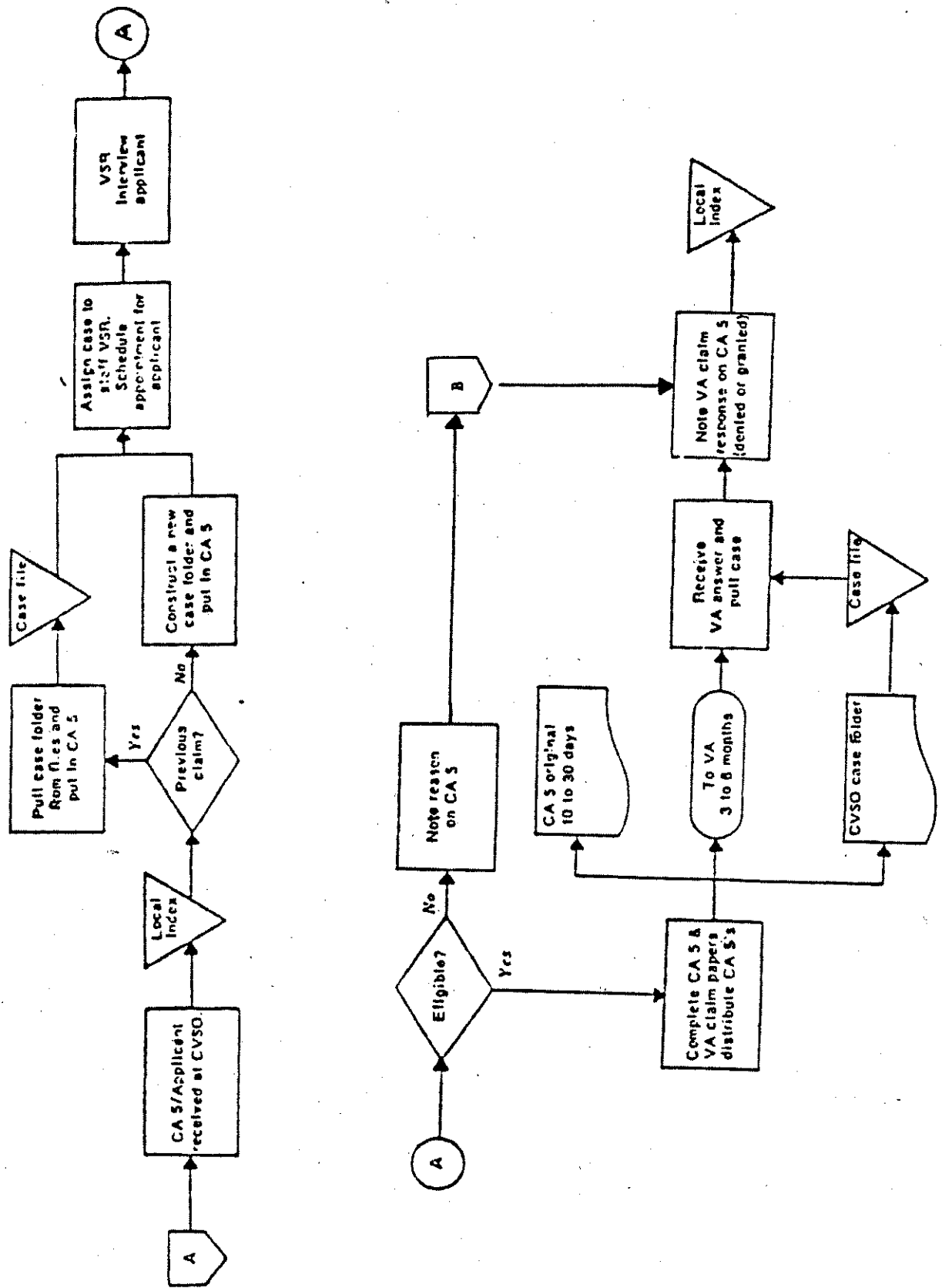
### KEY INPUT ELEMENTS

Name and one of the following: VA claim number, military serial number, SSN and date of birth.

VETERANS' BENEFITS VERIFICATION AND REFERRAL PROCEDURE  
COUNTY WELFARE DEPARTMENT







**INSTRUCTIONS FOR COUNTY USE AND COMPLETION OF VETERANS' BENEFITS VERIFICATION AND REFERRAL FORM CA 5**

**Form CA 5 is mandatory ; no substitute permitted**

**USE FORM CA 5:**

1. To verify the amount or status of veterans' benefits being received by any AFDC applicant or recipient.
2. To refer applicants or recipients to the County Veteran Service Office to obtain new veteran benefits when information on the CA 2 (Statement of Facts Supporting Eligibility for Assistance) or the CA 2X (Statement of Facts Supporting Eligibility for AFDC-FC) indicates possible eligibility for benefits.

**DO NOT SEND FORM CA 5 WHEN:**

1. The Serviceperson is still on active duty, or
2. None of the following is known: 1) Veteran's Social Security Number (SSN) AND date of birth; 2) Military Serial Number; or 3) V.A. Claim Number.

If either of the above applies, DO NOT initiate a CA 5. DO make an entry in the "COUNTY USE ONLY" section of the Form CA 2, or the "ELIGIBILITY WORKER ONLY" section of the Form CA 2X, stating why a referral was not made.

**COMPLETE FORM CA 5:**

**TO VERIFY THE AMOUNT OF VETERANS' BENEFITS BEING RECEIVED BY FBU:**

1. Complete top portion of form.
2. Check box for verifying veterans' benefits.
3. Enter the eligibility worker's name, office telephone number, county welfare agency or unit, and address.
4. Enter all veteran information if known. At least one of the following is required: 1) Veteran's SSN AND date of birth; 2) Military serial number; or 3) V.A. claim number.
5. Enter name and address if verifying benefits for veteran's dependent(s).
6. Have the veteran, dependent or Foster Care (FC) representative sign the form in the signature box.
7. Enter County Welfare Department address in space for window envelope.
8. Mail all copies of the form except the green copy (CWD copy) to the County Veteran Service Office.

**TO OBTAIN NEW VETERANS' BENEFITS FOR FBU:**

1. Complete top portion of form.
2. Check box for determining eligibility for veterans' benefits.
3. Enter the eligibility worker's name, office telephone number, county welfare agency or unit, and address.
4. Enter all veteran information if known. At least one of the following is required: 1) Veteran's SSN AND date of birth; 2) Military serial number; or 3) V.A. claim number.
5. Enter name and address if requesting benefits for veteran's dependent(s).
6. Have the veteran, dependent or Foster Care (FC) representative sign the form in the signature box.
7. Enter County Welfare Department address in space for window envelope.
8. Have the veteran/dependent hand carry all copies of the form, except the green (CWD copy), along with medical documents, military papers, etc., to the County Veteran Service Office to help substantiate the claim. Referral by mail may be used if the hand carry method is not possible.

The remainder of the form will be filled in by the County Veteran Service Office and returned to the County Welfare Department.

**DISTRIBUTION OF FORM CA 5:**

Four copies of the form are to be filled out and the original plus two copies are to be sent to the County Veteran Service Office. One copy (green) shall be retained in the case file until the original is completed and returned by the County Veteran Service Office. The completed original shall then be retained as a permanent record in the welfare department. One copy will be returned to the welfare department after any further actions are completed and the remaining copy will be retained in the County Veteran Service Office.

VETERANS' BENEFITS

VERIFICATION AND REFERRAL

NOTE: DO NOT COMPLETE THIS FORM UNLESS ONE OF THE FOLLOWING IS KNOWN: VETERAN'S SOCIAL SECURITY NO., AND DATE OF BIRTH, MILITARY SERIAL NO., OR VETERANS ADMINISTRATION (V.A.) CLAIM NO.

Enter Name and Address of County Veteran Service Office

Department of Social Services  
Instructions on Reverse  
- Original and two copies: County Veteran Service Office  
- Green copy: Case File  
Social Security Number (SSN) - You must provide the veteran's SSN, if known, to assist in the evidence gathering process and to explore potential members is a condition of eligibility required by Section 402(a)(25) of the Social Security Act. Failure to cooperate may result in denial or discontinuance of aid as required by Eligibility and Assistance Standards Manual Sections 40-157 and 44-103.

CASE NAME  
CAGE NUMBER  
APPLICANT/RECIPIENT  
TELEPHONE NUMBER

Please verify amount, type, and beginning date of veterans' benefits being received by veteran/dependent.  
Please determine veteran's/dependent's eligibility for veterans' benefits.

RETURN TO  
ELIGIBILITY WORKER (PLEASE PRINT)  
TELEPHONE NUMBER  
OFFICE (IF DIFFERENT FROM CWD ADDRESS)

① VETERAN'S NAME (LAST) (FIRST) (MIDDLE)  
BIRTHDATE  
LIVING? ☐ YES ☐ NO  
FOR FG/U ONLY  
IN HOME? ☐ YES ☐ NO  
DATE ENTERED SERVICE  
DATE DISCHARGED  
V.A. CLAIM NO.  
MILITARY SERIAL NUMBER  
SOCIAL SECURITY NUMBER  
NAME OF VETERAN'S SPOUSE  
ADDRESS OF SPOUSE (NUMBER, STREET, CITY, STATE, ZIP CODE)  
② NAME(S) OF VETERAN'S CHILD(REN)  
ADDRESS(ES) OF CHILD(REN) (NUMBER, STREET, CITY, STATE, ZIP CODE)  
③ NAME(S) OF VETERAN'S CHILD(REN)  
④  
⑤

AUTHORIZATION FOR RELEASE OF INFORMATION  
I hereby authorize the welfare department to release the above information to the County Veteran Service Office and the Veterans' Administration for purposes of identifying or obtaining benefits available to the persons identified above. I also authorize the County Veteran Service Office and Veterans' Administration to release their findings (to be noted below).  
SIGNATURE OF VETERAN/DEPENDENT/FC REP. DATE  
SIGNATURE OF WITNESS TO MARK DATE

-TO BE COMPLETED BY COUNTY VETERAN SERVICE OFFICE-  
① Veteran ② Spouse ③ Child ④ Child ⑤ Child  
Monthly Benefit \$ \$ \$ \$ \$  
Beginning Date (Month/Day/Year) \$ \$ \$ \$ \$  
Ending Date (Month/Day/Year) \$ \$ \$ \$ \$  
Lump Sum Payment Past 6 Months \$ \$ \$ \$ \$  
If Monthly Benefit is being paid please check:  
☐ Pension  
☐ Compensation  
☐ Other (G.I. Bill, etc.)  
(Specify in Remarks block)  
☐ Claim Denied  
☐ Claim Being Reviewed  
☐ Claim Initiated  
☐ No Basic Eligibility  
Eligibility Status: (Please check)  
Enter Name and Address of County Welfare Department

Remarks:  
VETERAN SERVICE REPRESENTATIVE (PRINT)  
TELEPHONE NO.  
DATE

## ALIEN STATUS VERIFICATION SYSTEM (CA 6)

The system is a manual paper process provided to the counties to assist the alien in obtaining verification of the proper documentation necessary in determining AFDC eligibility.

### DATA PROVIDED BY THE SYSTEM

Immigration and Naturalization Services (INS) official verification of an alien's legal/illegal status in the United States.

### HOW THE SYSTEM WORKS

The County Welfare Department (CWD) Eligibility Worker (EW) may send an Alien Status Verification Form (CA 6) to the INS office when:

1. the documentation provided by the applicant/recipient is doubtful in authenticity.
2. the applicant/recipient indicates they have documentation but cannot provide it.
3. the applicant/recipient indicates they are entitled to documentation but do not have any.

The INS will verify the alien's status, mark the form and return it to the CWD that requested the information.

### TURNAROUND TIME

Under normal conditions, the INS office can process a CA 6 and return it to the CWD within 30 days.

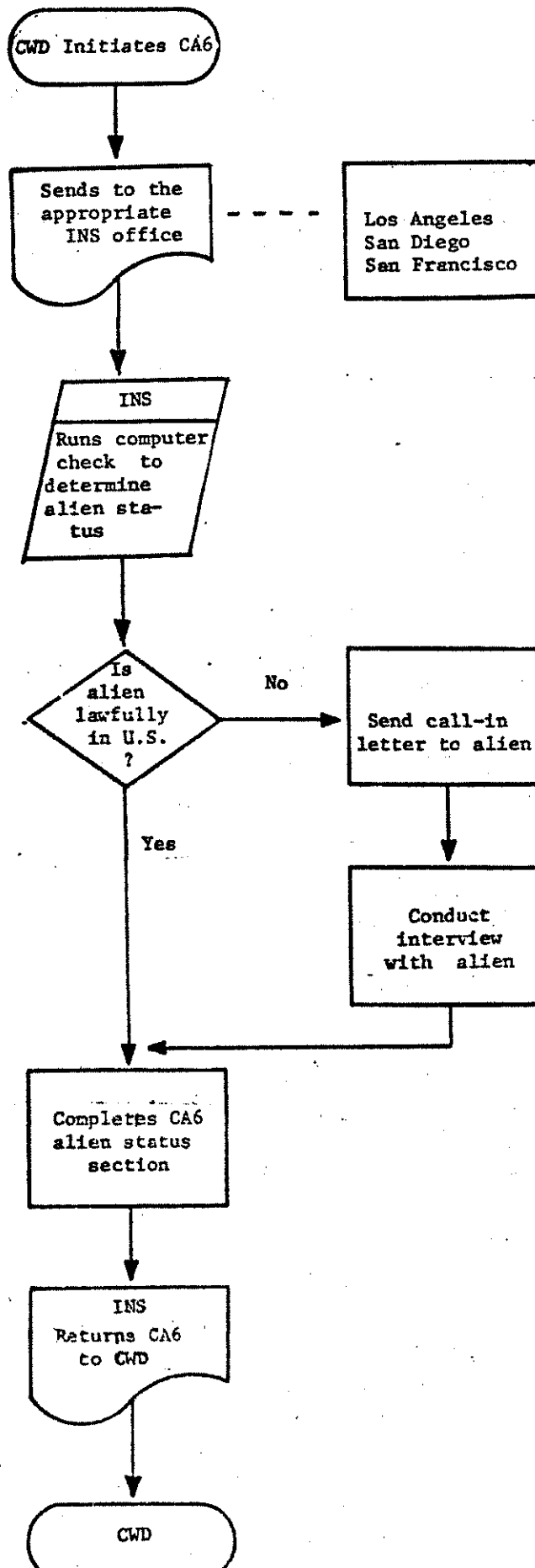
### SYSTEM LIMITATIONS

The CA 6 has a very low priority within the INS, therefore, when they become short staffed, the CA 6 only gets processed when time permits. This can be months at a time.

### KEY INPUT ELEMENTS

Name, address.

ALIEN STATUS  
VERIFICATION SYSTEM (CA-6)



**ALIEN STATUS VERIFICATION**

(To include naturalized/derivative citizenship verification)

See reverse for instructions

**APPLICANT INFORMATION — VERY IMPORTANT:** Only U.S. citizens and certain categories of aliens are eligible for the program(s) for which you have applied. In order to verify your eligibility the county welfare department may send this form to the Immigration and Naturalization Service.

**INFORMACIÓN MUY IMPORTANTE PARA EL SOLICITANTE:** Solamente los ciudadanos de Los Estados Unidos y ciertas categorías de extranjeros son elegibles para el programa(s) para el cual usted ha presentado su solicitud. Para poder verificar su elegibilidad, es posible que el departamento de bienestar del condado envíe esta forma al Servicio de Inmigración y Naturalización (INS).

**COUNTY USE ONLY/SOLAMENTE PARA USO DEL CONDADO**Type of aid applied for: ☐ AFDC ☐ Medi-Cal ☐ Food Stamps

Case Name:

Case Number:

Worker Name and Number:

**Action Taken****Date and Worker Initials**☐ Referral to INS☐ No referral required

Enter Name and Address of INS Office

**GENERAL INFORMATION/INFORMACION GENERAL**

NAME/NOMBRE (LAST, FIRST, MIDDLE/APELLIDO, NOMBRE(S))

BIRTHDATE/FECHA DE NACIMIENTO

DOCUMENTATION—INS FORM AND NUMBER/  
DOCUMENTACIÓN—FORMA DE INS Y NÚMERO

MAILING ADDRESS/DIRECCIÓN PARA CORREO

(STREET/CALLE)

(CITY/CIUDAD)

(ZIP CODE/ZONA POSTAL)

TELEPHONE NUMBER/NÚMERO DE TELÉFONO

BIRTHPLACE/LUGAR DE NACIMIENTO

SEX/SEXO

MALE/  
MASCULINOFEMALE/  
FEMENINO

NAME AT TIME OF ENTRY/NOMBRE USADO EN LA FECHA

DE ENTRADA

OTHER NAMES USED/OTROS NOMBRES QUE HA USADO

CITIZEN OF WHAT COUNTRY?/¿DE QUE PAÍS ES  
USTED CIUDADANO?DATE OF ENTRY/FECHA  
DE ENTRADA

PORT OF ENTRY/PUERTO DE ENTRADA

DESTINATION IN US AT TIME OF ENTRY/SU DESTINO EN LOS  
E.U. EN LA FECHA DE ENTRADA

FATHER'S NAME/NOMBRE DEL PADRE (LAST, FIRST, MIDDLE/APELLIDO, NOMBRE(S))

MOTHER'S NAME/NOMBRE DE LA MADRE (LAST, FIRST, MIDDLE/APELLIDO, NOMBRE(S))

**CERTIFICATION** — For Medi-Cal only, check the appropriate box(es) below if you do not have acceptable documents.**CERTIFICACION** — Para ser usado en Medi-Cal únicamente, si usted no tiene los documentos apropiados marque abajo el artículo(s) apropiado(s).

I CERTIFY THAT:/CERTIFICO QUE:

☐ Named alien is in the country legally and is entitled to remain indefinitely.

El extranjero mencionado está legalmente en el país y tiene derecho a permanecer en él indefinidamente.

☐ Named alien is not under order of deportation.

El extranjero mencionado no está bajo orden de deportación.

☐ Named alien is married to a person in the U.S. who is not under order of deportation.

El extranjero mencionado está casado(a) en los E.U. con una persona la cual no está bajo orden de deportación.

☐ Affidavits of two U.S. citizens attesting to named alien's continuous residence in the U.S. for five years or more have been submitted to the county welfare department.

Se han presentado al departamento de bienestar del condado dos declaraciones juradas de ciudadanos de los E.U. atestiguando que el extranjero mencionado ha residido continuamente en los E.U. más de cinco años.

I declare under penalty of perjury that the foregoing is true and correct. I authorize the county welfare department (CWD) to send this information to the U.S. Immigration and Naturalization Service (INS) for verification. I understand that INS may furnish information to the CWD, and that I must cooperate with INS in verifying the named applicant's status or the applicant will be ineligible for assistance. I also understand the named alien will be ineligible for AFDC and Food Stamps until verification is received by the CWD.

Declaro bajo pena de perjurio que lo anterior es verdadero y correcto. Autorizo al departamento de bienestar del condado (CWD) a que envíe esta información al Servicio de Inmigración y Naturalización para verificación. Entiendo que INS puede proporcionar información al CWD, y que debo cooperar con INS para verificar la situación del solicitante mencionado, de lo contrario, el solicitante será inelegible para recibir ayuda. También entiendo que el extranjero mencionado no será elegible para recibir AFDC y estampillas para comida hasta que el CWD reciba la verificación.

SIGNATURE/FIRMA

RELATIONSHIP TO NAMED APPLICANT/RELACIÓN  
CON EL SOLICITANTE MENCIONADODATE SIGNED/FECHA  
EN QUE SE FIRMOCOUNTY WHERE SIGNED/CONDADO DONDE  
SE FIRMO**VERIFICATION (For INS Use Only)/(Solamente para uso de INS)****According to the records of INS, the named applicant's status in the United States is:**1.  
AFDC  
M/C  
FS  
Eligible

- a. ☐ Lawfully admitted for permanent residence in accordance with the INA, as amended.
- b. ☐ Lawfully admitted as a conditional entrant or refugee, or for political asylum in accordance with Section 203(a)(7) prior to April 1, 1980, or Sections 207 or 208 of the INA.
- c. ☐ Paroled into the country in accordance with Section 212(d)(5) of the INA.
- d. ☐ Legally present because deportation has been withheld in accordance with Section 243(h)(1) of the INA.

2.  
AFDC, M/C  
FS Eligible

- a. ☐ A naturalized U.S. citizen. b. ☐ A derivative U.S. citizen.

Signature of INS Official

3.  
AFDC  
M/C  
Eligible☐ Present because indefinite voluntary departure in lieu of deportation, or an indefinite stay of deportation has been granted.4.  
Not  
Eligible

- a. ☐ Admitted for a temporary period in accordance with the INA, as amended, in a category other than 1b, 1c or 1d.
- b. ☐ Under order of deportation.
- c. ☐ Not legally present.
- d. ☐ Failed to appear at or to cooperate in an interview with INS.

Title

Date

**COUNTY INSTRUCTIONS**  
*When and How to Use the CA 6*

For AFDC and Medi-Cal noncitizens with acceptable documents.	Complete one copy of the CA 6 and file in the case record. The applicant must complete the General Information section and read and sign the declaration statement.
For AFDC applicants without documentation of alien status or naturalized/derivative citizenship.	Complete three copies of the CA 6. Forward two copies to INS and file one copy in the case record. The applicant must complete the General Information section and read and sign the declaration statement.
For Food Stamp noncitizens without documentation of alien status and Food Stamp applicants with questionable naturalized/derivative citizenship.	Complete three copies of the CA 6. Forward two copies to INS and file one copy in the case record. The applicant must complete the General Information section, check the appropriate certification box(es) and read and sign the declaration statement.
For Medi-Cal noncitizens without documentation of alien status.	Complete three copies of the CA 6. Forward two copies to INS with a copy of the documents and file one copy in the case record. The applicant must complete the General Information section, and read and sign the declaration statement.
For AFDC and Food Stamp applicants with unacceptable documents or documents of doubtful authenticity.	Complete three copies of the CA 6. Forward two copies to INS with a copy of the documents and file one copy in the case record. The applicant must complete the General Information section, check the appropriate certification box(es) and read and sign the declaration statement.
For Medi-Cal applicants with unacceptable documents or documents of doubtful authenticity.	Complete three copies of the CA 6. Forward two copies to INS with a copy of the documents and file one copy in the case record. The applicant must complete the General Information section, check the appropriate certification box(es) and read and sign the declaration statement.

Enter name and address of INS office in upper left corner address box. Enter name and address of CWD in lower left corner address box (on back).

**County Use Only**

Check the appropriate box(es) for the type of aid applied for. Enter the case name, case number, worker name and worker number. For AFDC and Medi-Cal, check the appropriate box for referral action, and enter the date and worker's initials.

**General Information**

Ensure that all information is completed by the applicant. Note the following:

- If the applicant's name at the time of entry was the same as his/her present name, "same" should be entered in the box labeled "Name at Time of Entry".
- For AFDC and Medi-Cal applicants with INS documents, enter INS Form and Number in box labeled "Documentation-INS Form and Number."

**Certification**

At least one Certification box must be checked for Medi-Cal noncitizens with unacceptable or no documentation of alien status.

NOTE: Each CA 6 must be signed by the named applicant, parent, caretaker, or placement worker. The date and county where signed must also be completed. The relationship to named applicant must be completed if signed by a parent, caretaker or placement worker.

For AFDC, this must be the same person who signs the CA 2 or FC 2. For Medi-Cal, this must be the same person who signs the MC 210.

**CWD Comments**

Use this section to communicate any additional information to INS.

**Verification**

When the completed CA 6 is received from INS, determine the applicant's eligibility for the programs indicated to the left of the checked box(es).

Enter Name and Address of CWD

## RELEASE OF INFORMATION - FINANCIAL INSTITUTIONS (TEMP CA 60)

The system is provided to the county welfare department as a means to meet the requirements of the California Right to Financial Privacy Act in obtaining information from financial institutions (e.g., banks, credit unions).

### DATA PROVIDED BY THE SYSTEM

The use of the Release of Information - Financial Institutions (Form TEMP CA 60) provides information about applicants'/recipients' checking accounts, savings accounts, stocks, bonds, certificates, etc.

### HOW THE SYSTEM WORKS

Eligibility Workers (EW), quality control analysts and fraud prevention personnel request information from a financial institution by initiating the form TEMP CA 60. The applicant/recipient provides the EW with types of accounts and account numbers and signs the form. The form is mailed to the financial institution, who provides the requested information and returns the form to the county welfare department (CWD). The EW compares this information with that provided by the recipient and takes the appropriate action. The recipient must be notified within 30 days of receipt of the information.

### TURNAROUND TIME

The financial institution must return the form within 45 days from the date the applicant/recipient signs the form.

### SYSTEM LIMITATIONS

Some banks charge for processing the forms. The information requested is limited to only what is provided by the applicant/recipient.

### KEY INPUT ELEMENTS

Name, address, SSN.



The Social Security Number(s) (SSN) of all public assistance applicants or recipients is needed to help in identifying the account(s) or person(s) on the account(s). Providing the SSN is a condition of eligibility. Your failure to cooperate may result in denial or discontinuance of aid. Authority: Section 402(A)(25) of the Social Security Act (AFDC), California Administrative Code Title 22 Section 50187 (Medi-Cal), and Section 205(C)(2) (C)(i) of the Social Security Act (APSB).

Enter name and address of institution

# RELEASE OF INFORMATION - FINANCIAL INSTITUTION

For use when requesting information from a Financial Institution.

COUNTY USE ONLY	
WORKER NAME	
CASE NAME	
CASE NUMBER	DATE
Applicant/Recipient has been notified of receipt of financial records within 30 days.	
WORKER SIGNATURE	DATE

I authorize you to release to the \_\_\_\_\_ County Welfare Department information on the account(s) below and other information required for the purpose of determining my eligibility for public assistance. I understand I have the right to revoke this authorization at any time, but that failure to cooperate may affect my eligibility. This authorization is valid for 45 days from date signed.

I. APPLICANT OR RECIPIENT: Complete the information below for each account. Accounts include checking, savings, credit union accounts, trust funds, stocks, bonds, certificates, other (specify)

A TYPE OF ACCOUNT		B TYPE OF ACCOUNT	
ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER
A IS (PRINT) NUMBER, STREET, CITY, STATE, ZIP CODE		ADDRESS (PRINT) NUMBER, STREET, CITY, STATE, ZIP CODE	
SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT	DATE	SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT	DATE
SIGNATURE OF WITNESS TO MARK(S)	DATE	SIGNATURE OF WITNESS TO MARK(S)	DATE
SIGNATURE (OR MARK) OF SPOUSE	DATE	SIGNATURE (OR MARK) OF SPOUSE	DATE
ACCOUNT IS JOINT WITH (PRINT NAME)	SOCIAL SECURITY NUMBER	ACCOUNT IS JOINT WITH (PRINT NAME)	SOCIAL SECURITY NUMBER
ADDRESS (PRINT) NUMBER, STREET, CITY, STATE, ZIP CODE		ADDRESS (PRINT) NUMBER, STREET, CITY, STATE, ZIP CODE	
SIGNATURE (OR MARK) OF JOINT PERSON	DATE	SIGNATURE (OR MARK) OF JOINT PERSON	DATE

II. ELIGIBILITY WORKER: Check information items needed for type of account indicated.  
FINANCIAL INSTITUTION: For each account indicated complete the information items checked below.

Information Items	✓	Account (A)	Date if Applicable	✓	Account (B)	Date if Applicable	FINANCIAL INSTITUTION: (Please answer for each of the authorizers on this form).
Balance as of _____							Does he/she have a safety deposit box? Yes <input type="checkbox"/> No <input type="checkbox"/>
Present balance							Are any funds pledged against a loan? <input type="checkbox"/>
Opening Deposit (if within past 2 years)							Were any accounts held under a different name or number within the past 2 years? <input type="checkbox"/>
Largest Deposit (other than opening)							If Yes to any one of the above questions, explain in the space below.
Least Withdrawal (within past 2 years)							If additional space is needed use reverse side
Used within past 2 years, final withdrawal amount							
Largest balance (within past 2 years)							

FINANCIAL INSTITUTION REMARKS:

SIGNATURE OF PERSON PROVIDING INFORMATION

DATE

TELEPHONE NUMBER

FBMP CA 60 (2/81)

## COUNTY USE ONLY

The county welfare department has examined your financial records provided to us by the following institution \_\_\_\_\_.

Enter name and address of applicant/recipient

- ☐ Thank you for your cooperation. No further action is required.
- ☐ Please call me for an appointment.
- ☐ You are scheduled for an appointment with me on \_\_\_\_\_.

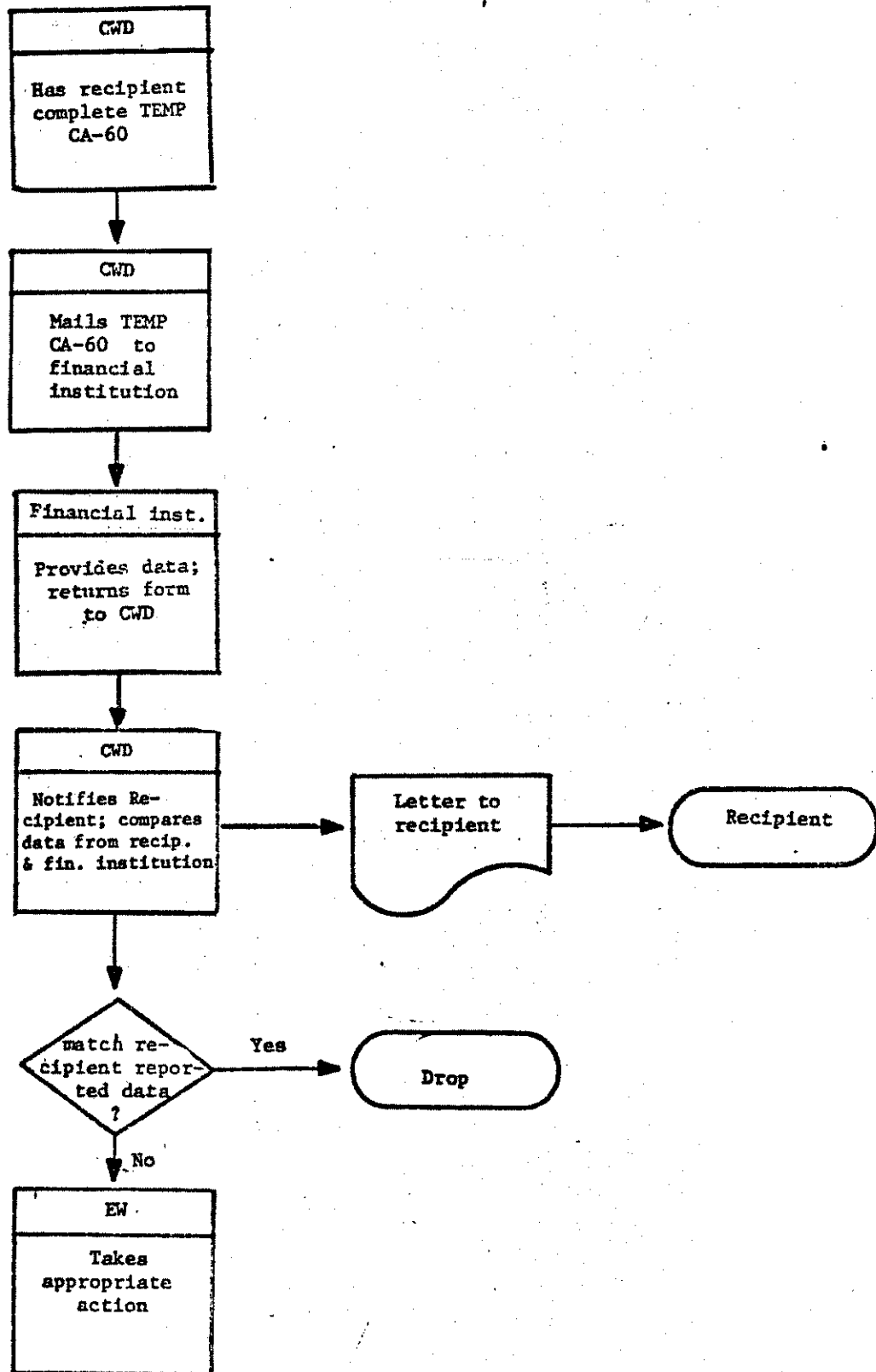
NAME OF ELIGIBILITY WORKER

DATE

PHONE

December 1982

RELEASE OF INFORMATION--FINANCIAL INSTITUTIONS (TEMP CA-60)



## SOCIAL SECURITY BENEFIT VERIFICATION SYSTEM (CA 810/SSA 1610)

The system is provided to the county welfare departments to allow them to:

1) verify the amount of Social Security benefits reported by AFDC applicants/recipients; 2) determine if benefits are being received that have not been reported; and 3) refer applicants/recipients to SSA to apply for SSA benefits.

### DATA PROVIDED BY THE SYSTEM

The system provides benefit amount, beginning payment date and payment status for RSDI and SSI/SSP recipients. It is also used to refer eligible applicants/recipients to the Social Security Administration (SSA) to apply for SSA benefits.

### HOW THE SYSTEM WORKS

Eligibility Workers, quality control analysts and fraud prevention personnel may send the form CA 810 (an approved alternate to the SSA 1610) or the SSA 1610 to local SSA offices to verify the amount of benefits or to determine if benefits are being received, only when the information cannot be obtained from the BENDEX or SDX systems. The SSA checks the information requested and indicates either the amount of benefit or that no benefit is received and returns the form to the county worker that requested the information. The worker compares the information received from SSA with that reported by the recipient and takes the appropriate action.

### TURNAROUND TIME

Approximately four weeks.

### SYSTEM LIMITATIONS

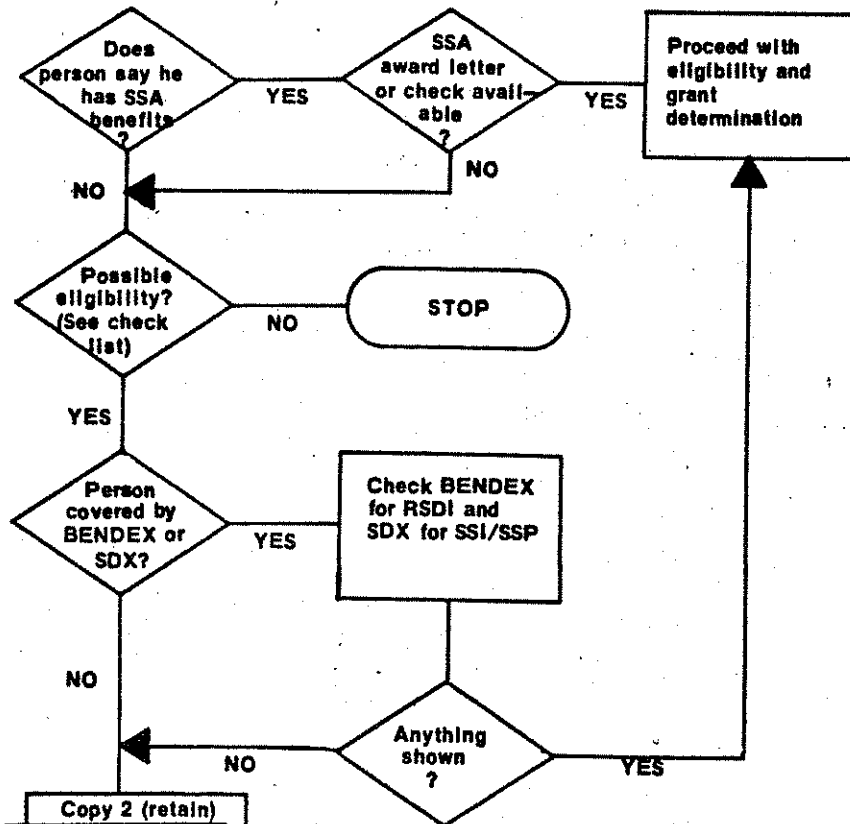
SSA is short staffed and they receive no credit for responding to our requests. Consequently, turnaround time is usually longer than desired. If SSA has not cross-referenced the applicant/recipient SSN to the wage earner SSN, SSA may not be able to locate the applicants'/recipients' RSDI benefits.

### KEY INPUT ELEMENTS

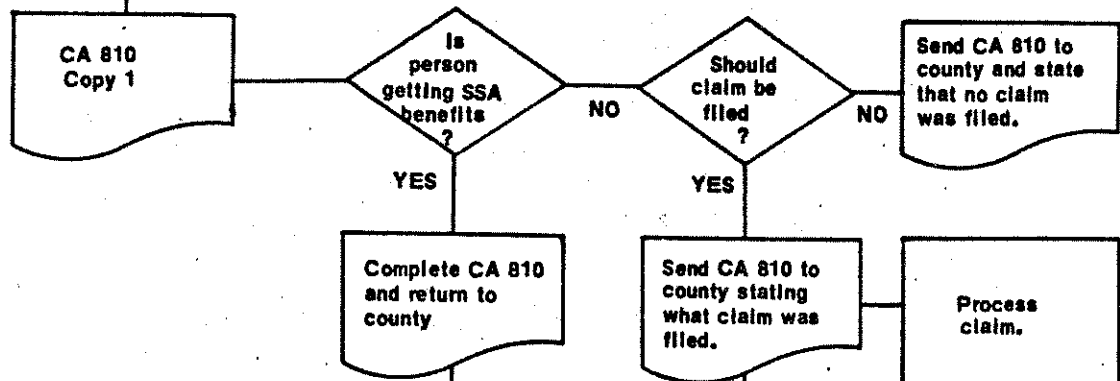
Input on Form CA 810: Case identification, Social Security wage earner (also known as "number holder") SSN; Applicant/Recipient name, SSN and relationship to the wage earner.

# Social Security Benefit Verification System (CA 810)

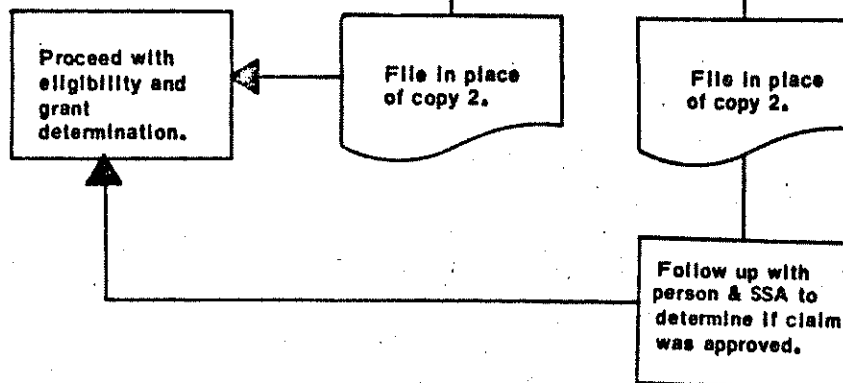
## 1. County



## 2. SSA



## 3. County



# **SOCIAL SECURITY INFORMATION REQUEST AND REFERRAL**

Original : Send to SSA

Copy : Retain in County

**COUNTY COMPLETE THIS PART****7. COMMENTS — For County/SSA Use**

1. Case Name :  
Case Number :  
Worker Name :  
Worker Phone :  
Date :

(Local Social Security Administration (SSA) Address)

**2. THIS IS:**

- ☐ An information request for an applicant/recipient of ☐ AFDC-FG, U or FC  
☐ Medi-Cal ☐ SSI/SSP ☐ Food Stamps ☐ GA or Other \_\_\_\_\_  
☐ A referral to claim benefits. SSA should return this form:  
☐ To Claimant ☐ To County By Mail

3. ☐ BENDEX checked for RSDI. ☐ SDX checked for SSI/SSP.  
☐ Claimant(s) not covered by BENDEX/SDX reporting.

**4. SOCIAL SECURITY WAGE EARNER INFORMATION - IF KNOWN**  
 (The person whose work record is used to claim benefit)

NAME		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	DATE OF DEATH (IF APPLICABLE) / /

**5. INFORMATION REQUEST OR REFERRAL FOR:**  
 APPLICANT/RECIPIENT NAME

SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	MONTH/YEAR
RELATIONSHIP TO WAGE EARNER	PHONE	FROM: TO:

NAME OF OTHER PERSON		MONTH/YEAR
SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	FROM: TO:

NAME OF OTHER PERSON		MONTH/YEAR
SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	FROM: TO:

NAME OF OTHER PERSON		MONTH/YEAR
SOCIAL SECURITY NUMBER	DATE OF BIRTH / /	FROM: TO:

**NOTE:** List additional persons in comments section or attach another form with only Item 5 completed.

(County Welfare Department Address)

**SOCIAL SECURITY COMPLETE THIS PART****BENEFITS RECEIVED:**

8. BENEFIT AMOUNT(S)	9. BEGINNING PAYMENT DATE(S)	10. PAYMENT STATUS CODE(S)	11. TYPE OF BENEFIT
			<input type="checkbox"/> SURVIVORS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> SSI/SSP
12. HEALTH INSURANCE CLAIM NUMBER			SMIB EFFECTIVE DATE
			<input type="checkbox"/> SURVIVORS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> SSI/SSP
HEALTH INSURANCE CLAIM NUMBER			SMIB EFFECTIVE DATE
			<input type="checkbox"/> SURVIVORS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> SSI/SSP
HEALTH INSURANCE CLAIM NUMBER			SMIB EFFECTIVE DATE

13. ☐ Claim is, ☐ Is not being initiated by SSA for type(s) of benefit(s) indicated under Item 11 or in comments section.

SIGNATURE OF SSA REPRESENTATIVE

TELEPHONE

DATE

## INSTRUCTIONS

**APPLICANT or RECIPIENT:** If the county directs you to apply for Social Security benefits, take this form to the Social Security (SSA) address shown on this form.

**COUNTY:** Use this form to request information from SSA or to refer applicants or recipients to apply for Social Security benefits.

### USE THE CA 810 TO REQUEST BENEFIT INFORMATION WHEN:

There is an indication of possible eligibility for SSA benefits; and,  
The applicant or recipient cannot show you an SSA award letter or check; and,  
The BENDEX or SDX systems do not report on the persons for whom you are requesting information.

### COMPLETE THE INFORMATION REQUEST AND REFERRAL AS FOLLOWS: (Instructions are keyed to form item numbers.)

1. Case Identification, Worker Name, Phone and Date: Complete as requested.
2. Information Request or Referral to Claim Benefits: Check appropriate boxes.
3. BENDEX/SDX Checked: Indicate if you have checked BENDEX/SDX or that checking these sources was unnecessary.
4. Social Security Wage Earner Information: Enter requested information if known. If unknown, SSA will still process the information request or referral using the SSNs of the persons listed on the form.
5. Information Request or Referral for Applicant/Recipient, other Person(s): Complete blocks with the appropriate identifying information.
6. Period for Which Information Needed: Specify month and year.
7. Comments: Both the county and SSA may use the comments section for making clarifications, requesting and conveying additional information, or adding other persons.

### SOCIAL SECURITY: Complete items 8-14 as explained below and add comments in item 7 if appropriate.

**INFORMATION REQUEST (IF SSA DETERMINES THAT NO CLAIM SHOULD BE INITIATED)**--Either state, "no benefits" in Comments section or, if benefits were received, complete the form as follows and mail to county:

8. Benefit Amount(s): Enter the amount(s) paid during the period for which the information is requested.
9. Beginning Payment Date(s): Enter the date of the first payment made for each benefit amount.
10. Payment Status Code(s): Enter the payment status code that applies to the SSA beneficiary in the month of each first payment.
11. Type of Benefit: Check the applicable box(es).
12. Health Insurance Claim (HIC) Number: Enter HIC number if beneficiary is receiving Medicare. Enter Supplementary Medical Insurance Benefit (SMIB) effective date if receiving SMIB.
13. Claim Is, Is Not Being Initiated by SSA: Check applicable box. If a claim is being initiated and no benefits have been received, you may use item 11 to indicate which benefits you are attempting to obtain for the claimant. Otherwise, use the Comments section.
14. Signature of Social Security Representative, Phone, Date: Enter as requested.

**INFORMATION REQUEST (IF SSA DETERMINES THAT A CLAIM SHOULD BE INITIATED):** If no benefits, indicate in item 13 that a claim has been initiated and return the form to the county. If benefits were received, complete items 8-14, add comments in item 7 if appropriate, and mail form to county.

### REFERRAL FOR BENEFITS

**Claim Initiated by SSA:** Indicate in item 13 that a claim has been initiated and return the form by mail or give to claimant as directed in item 2.

**Claim Not Initiated by SSA:** Complete item 13, sign the form and return it to the county as directed in item 2.

## UNEMPLOYMENT INSURANCE/DISABILITY INSURANCE (UI/DI) PAYMENT VERIFICATION SYSTEM (DE 8720)

The system is provided to the counties to obtain verification of the existence, and the amount of, UI/DI benefits. The system also provides verification of earnings being received by the AFDC applicant/recipient. The primary user of the system is the county Eligibility Worker (EW). However, it is also used for Quality Control and Fraud Investigation.

### DATA PROVIDED BY THE SYSTEM

The system provides four types of information: 1) UI Claimant Abstract (ECC 586-A) - includes dates and amounts of payments for the last 48 months. It also includes claim date and office where the claim was filed; 2) Disability Insurance Abstract (DEB 100) - includes the SSN, name of the recipient, and the check date and number; 3) Wage and Claim Abstract (DE 507) - provides information on an applicant's/recipient's earnings in prior quarters and the information on whether or not any valid UI and DI claims have been filed. The information on the DE 507 is similar to that provided by the Earnings Clearance System on Form ECS 155, and 4) Employer Address Report - provides the name and address of the most recent employer of an applicant/recipient.

### HOW THE SYSTEM WORKS

The EW in the county welfare department manually requests the desired information for an individual by using a Request for Information Form (DE 8720). The EW selects the information needed, provides the SSN of the applicant/recipient and sends the form to the Employment Development Department (EDD) in Sacramento. EDD key inputs the request and submits it for computer processing. The computer prints out the information requested (UI Claimant Abstract, DI Abstract, Wage Information, or the employer address information). EDD returns this information to the SDSS, who then sends it on to the counties. The EW compares this information to that reported by the applicant/recipient and takes the appropriate action.

### TURNAROUND TIME

It takes approximately 10-15 working days from the date of request to the date the data are received.

### SYSTEM LIMITATIONS

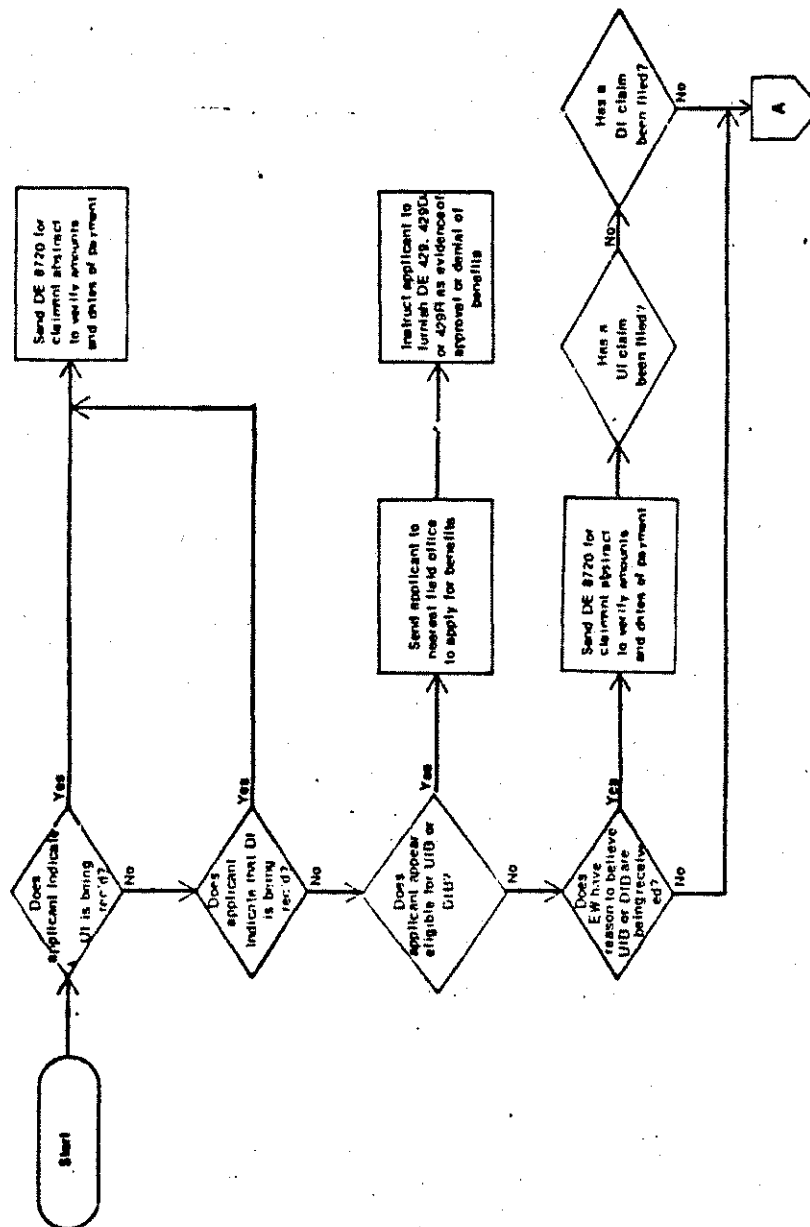
The "requester code" used to identify the agency asking for the abstracts has only six characters. This is not enough to identify the EW to whom the verification must be returned in the larger counties, e.g., L.A. County. However, the capacity has been built into the DI portion of the system to expand the number of characters in the requester code to accommodate routing the DIB 100 to the EW. Until the UI system has this same capacity, EDD does not plan to use the extra character.

The UI Abstract contains more information than is needed for welfare purposes.

### KEY INPUT ELEMENTS

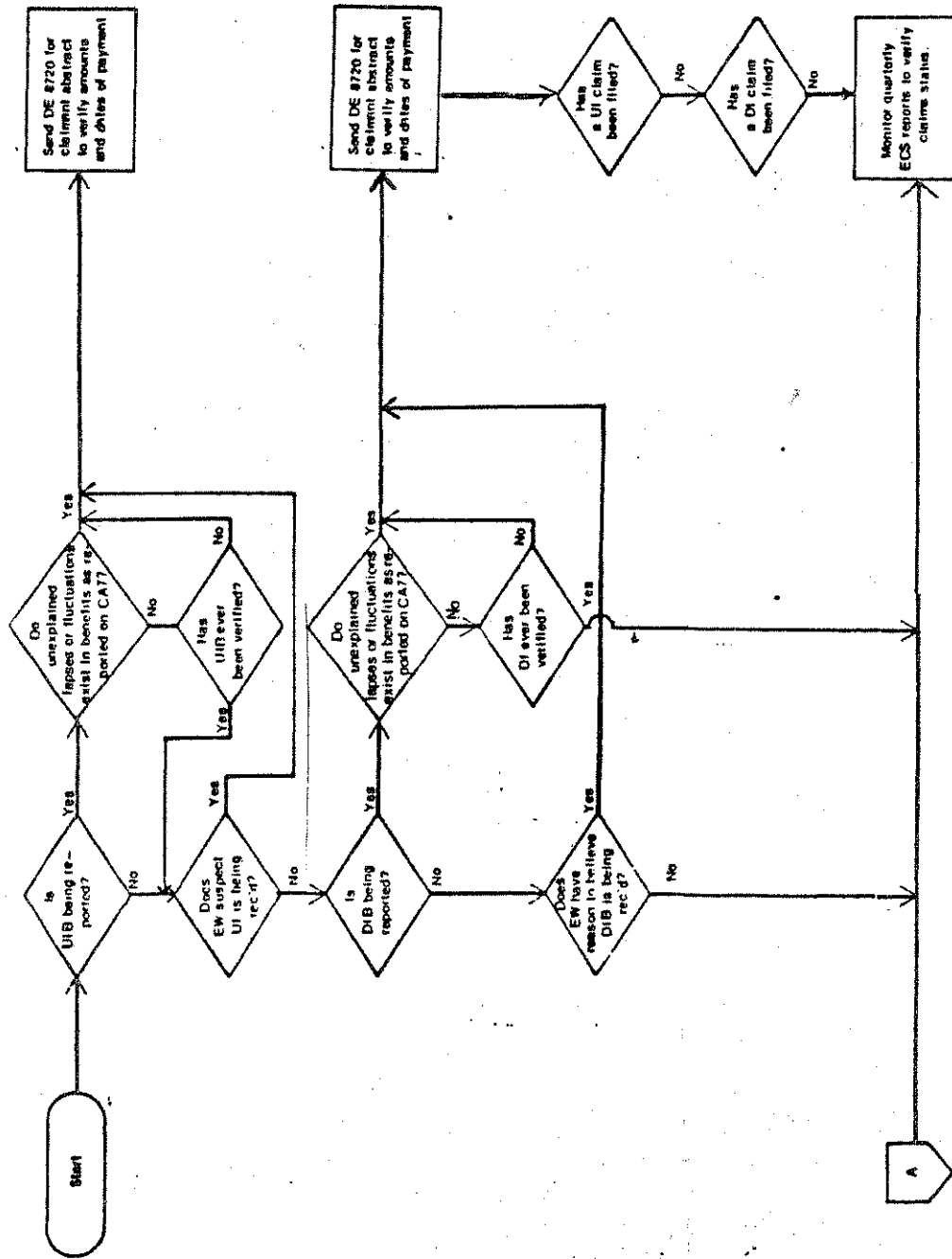
SSN

# PROCEDURAL FLOW FOR VERIFICATION OF UIB/DIB AT INTAKE





# PROCEDURAL FLOW OF VERIFICATION FOR UIB/DIB IN CONTINUING CASES



# REQUEST FOR INFORMATION

**FOLLOW  
SAMPLE**

▷

1 2 3 4 5 6 7 8 9 0

DE 8720 (9-79)

## SOCIAL SECURITY NUMBER VALIDATION SYSTEM

The system is a joint effort between the Department of Health Services (DHS) and Department of Social Services (DSS) to provide the county welfare departments (CWD) with a method to ensure that Medi-Cal and AFDC recipient reported Social Security Numbers (SSNs) match the SSNs issued by the Social Security Administration (SSA). The system is in the process of being tested and plans are progressing toward statewide implementation.

### DATA PROVIDED BY THE SYSTEM

A listing of persons whose SSNs do not match SSA's listing.

### HOW THE SYSTEM WORKS

The SSN validation is a three-step process:

1. The State matches information contained on the State Eligibility History File (EHF) with SSA computer files in order to validate the SSNs of AFDC recipients (i.e., match SSN, name, sex, and date of birth).
2. The counties are provided at this point in the process a listing of persons whose SSNs were not validated by the computer match. Counties compare the State data used in the match (SSA cannot provide the data contained on their files) with case record information to see if correct data was accurately transmitted to the State. If they find no errors by reviewing the case record, CWDs then contact the AFDC recipient. Counties submit any corrected data to the State.
3. If the county finds no errors and the recipient indicates the State data is correct, the county refers the person to the local SSA office with form MC 194. Either SSA corrects its records based on the recipient's information, or a feedback process begins that will provide the State and counties with the SSA file data on the recipient. The county, recipient, and SSA then resolve any discrepancies.

### TURNAROUND TIME

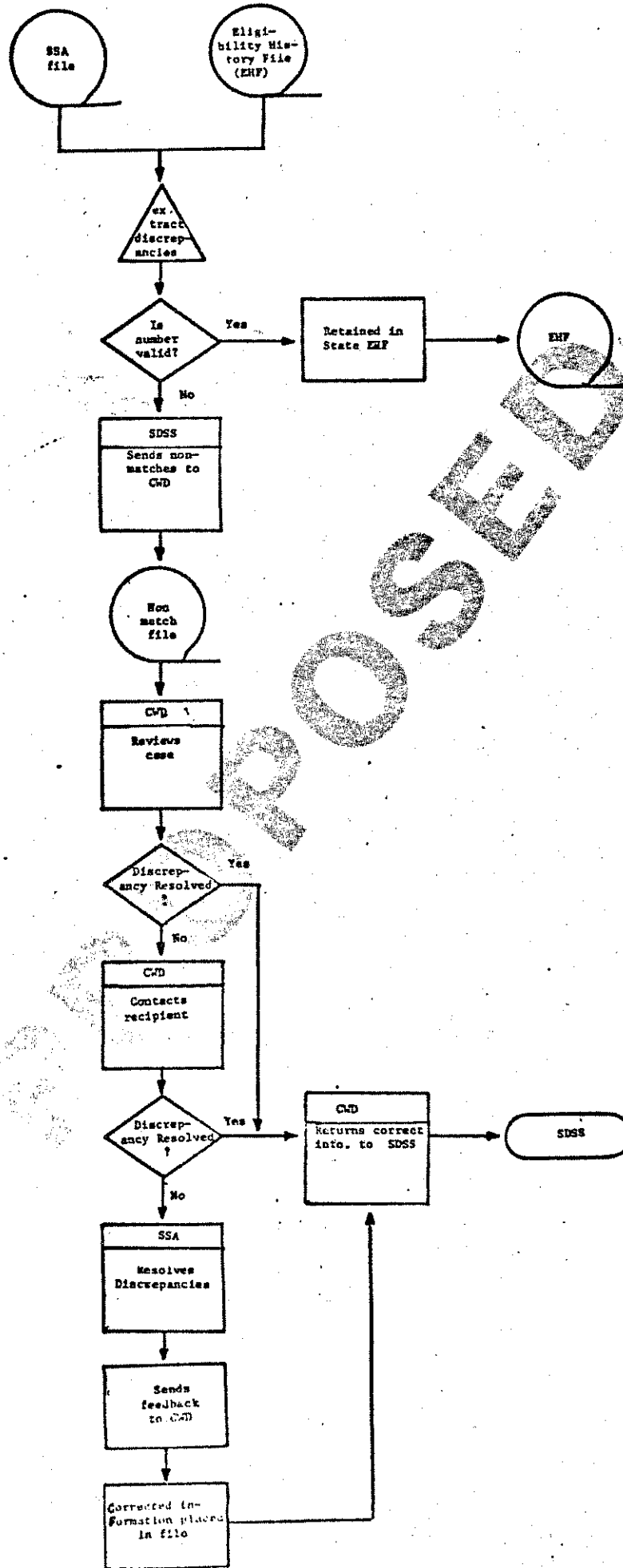
The maximum time from submission of match request to initial match/non-match determination by SSA and return is 60 days. Correction process can take as little as one day, but may take considerably longer.

### SYSTEM LIMITATIONS

1. The system will indicate a mismatch with the SSA record but (due to confidentiality regulations) cannot identify which specific data element is in error. This requires an interview with the recipient.
2. Recipients may use different names with the CWD and SSA which may result in a mismatch. Mismatches must be corrected manually.

### KEY INPUT ELEMENTS

SSN, name, date of birth, sex.



# SOCIAL SECURITY ADMINISTRATION REFERRAL NOTICE

Instructions to CWD: Please complete Part I. Retain original for your records; copy for recipient/SSA.

Instructions to Recipients: Read the back of this form. Take the necessary documentation to the Social Security Administration Office listed below in Part I. (B).

Instructions to SSA: This form is a request for the action noted in Part I. (C). Please complete Part II. of this form and distribute as noted in Part I. (E). If you have any questions, the eligibility worker's name and phone number are provided.

## I. TO BE COMPLETED BY THE COUNTY WELFARE DEPARTMENT

A. Please enter the complete county welfare office name and address within the brackets provided.

TO:

### B. Client's Social Security Office

Name of SSA District/Regional Office

Address (Number and Street)

City State Zip Code

### D. County Information

Recipient's Name (Last, First, MI)

Birthdate (Month/Day/Year)

Sex (M or F)

Recipient's Case Number (Full 14 Digits)

Case Name

C. The bearer of this form is an applicant for, or recipient of, Med Cal or AFDC. The following service is required.

☐ Original SSN Card

☐ Duplicate SSN Card SSN No.

☐ Correction of Information on the SSN SSN No.

### E. CWD Information

Name of Eligibility Worker

Date Form Completed

E.W. Initials

E.W. Phone No.

SSA, After Completion:

☐ Mail this form to the county welfare office

☐ Return this form to the recipient to be returned to CWD

## II. TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION DISTRICT/REGIONAL OFFICE

A. Date Received

C. Comments

B. Result of Referral:

☐ 1. Recipient has completed an SSN application (including For SS-5 and other proofs) and application is being processed.

☐ 2. SSN application is not being processed. (Explain)

D. SSA Representative Name:

Telephone No.

Signature:

## SOCIAL SECURITY ADMINISTRATION REFERRAL NOTICE

Instructions to CWD: Please complete Part I. Retain original for your records; copy for recipient/SSA.

Instructions to Recipients: Read the back of this form. Take the necessary documentation to the Social Security Administration Office listed below in Part I. (B).

Instructions to SSA: This form is a request for the action noted in Part I. (C). Please complete Part II. of this form and distribute as noted in Part I. (E). If you have any questions, the eligibility worker's name and phone number are provided.

## I. TO BE COMPLETED BY THE COUNTY WELFARE DEPARTMENT

A. Please enter the complete county welfare office name and address within the brackets provided.

TO:

## B. Client's Social Security Office

Name of SSA District/Regional Office

Address (Number and Street)

City

State

Zip Code

## D. County Information

Recipient's Name (Last, First, MI)

Birthdate (Month/Day/Year)

Sex (M or F)

Recipient's Case Number (13 digits)

Case Name

C. The bearer of this form is an applicant for, or recipient of, Medi-Cal or AFDC. The following service is required.

☐ Original SSN Card

☐ Duplicate SSN Card SSN No. \_\_\_\_\_

☐ Correction of Information on the SSN SSN No. \_\_\_\_\_

## E. CWD Information

Name of Eligibility Worker

Date Form Completed

E.W. Initials

E.W. Phone No.

SSA, After Completion:

☐ Mail this form to the county welfare office

☐ Return this form to the recipient to be returned to CWD

## II. TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION DISTRICT/REGIONAL OFFICE

## A. Date Received

## C. Comments

## B. Result of Referral:

☐ 1. Recipient has completed an SSN application (including Form SS-5 and other proofs) and application is being processed

☐ 2. SSN application is not being processed. (Explain)

D. SSA Representative  
Name:

Telephone No.

Signature:

**SSA REFERRAL INFORMATION SHEET**  
(For Medi-Cal, Food Stamp, and AFDC Recipients)

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**YOU MUST CONTACT SOCIAL SECURITY**

Public Law requires that each person who applies for or receives Medi-Cal, Food Stamps, or Aid to Families With Dependent Children must have or apply for a Social Security number. For the applicant/recipient noted on the reverse side, either 1) the Social Security Administration does not have a Social Security number on file, or 2) the information provided by the Social Security Administration and the information provided to the eligibility worker do not agree. To correct this situation, you must contact the Social Security Office indicated on the reverse side of this referral form.  
**DO NOT MAIL THESE FORMS TO THEM.**

**NOTE:** *Age, citizenship or alien status, and identity* must all be documented. One of the identification documents must be a birth or baptismal certificate established **BEFORE** age 5. If one is not obtainable, refer to *Column A* for acceptable substitutes. In addition, if the applicant/recipient is a U.S. citizen born outside the U.S. or an alien, one of the items listed in *Column B* must be presented.

**Column A**

1. Evidence of Age/Citizenship
  - School Records
  - Church Records
  - Census Records (State or Federal)
  - Insurance Policy
  - Marriage Records
  - Draft Card
  - U.S. Passport
  - Other records indicating applicant's age or date and place of birth
2. Evidence of Identity
  - Driver's License
  - State Identification Card
  - Voter's Registration
  - School Records
  - Health Records (Doctor's, Hospital's, etc.)
  - Any other document which shows applicant's signature, photograph, or description

**Column B**

1. If you are now a U.S. citizen born outside the U.S., take one of the following items in addition to the item(s) required in Column A:
  - U.S. Citizen Identity Card
  - U.S. Passport
  - Naturalization Certificate
  - Certificate of Citizenship
  - Consular Report of Birth
  - Form I-179 (U.S. Citizen Card)
  - Form I-197 (U.S. Citizen Resident Card)
2. If you are an alien, take one of the following items in addition to the item(s) listed in Column A:
  - Form I-151 or I-551 (Alien Registration Receipt Card)
  - Form AR3a, I-94, I-95a, I-84, I-85, I-86, or SW-434
  - Letters from Immigration and Naturalization Service showing alien status

If you have a question concerning the two identification documents which you must take to the Social Security Office, please contact the Social Security Office.

## BENEFICIARY AND EARNINGS DATA EXCHANGE (BENDEX)

BENDEX is a Social Security Administration (SSA) computer system which provides a report of Retirement, Survivors and Disability Insurance (RSDI) payments.

### DATA PROVIDED BY THE SYSTEM

The system provides RSDI benefit payments information for recipients of AFDC-FG/U, AFDC-FC, Refugee Cash Assistance (RCA), Cuban/Haitian Entrant Case Assistance (ECA), In-Home Supportive Services (IHSS), and Medi-Cal only programs. Data provided by BENDEX includes: Case name and case status, old month benefit, amount and date of the new month benefit, initial date of entitlement, payment status code and communication code, which tells the reason for unmatched records.

### HOW THE SYSTEM WORKS

Each month a tape of SSNs contained on the Department of Health Services' Medi-Cal Eligibility History File is sent to the SSA computer center in Baltimore, Maryland. SSA processes the tape against their file of RSDI payments and returns a tape of matched SSNs to the State. DSS takes this tape and adds county specific distribution data such as: County code, district number and worker number to each record, and a report is sent to the counties. The first time the report is provided to a county it will contain all recipients the BENDEX system shows as receiving RSDI payments. The SSA maintains a file, by state, of these persons so that for subsequent months, only changes in RSDI payments will appear on the report. In addition, on a monthly basis, DSS sends SSA a tape of new public assistance cases and cases that have been deleted from the welfare roles to be included in the process.

### TURNAROUND TIME

The system is run on a monthly basis and new month payments are for the month in which the report is received.

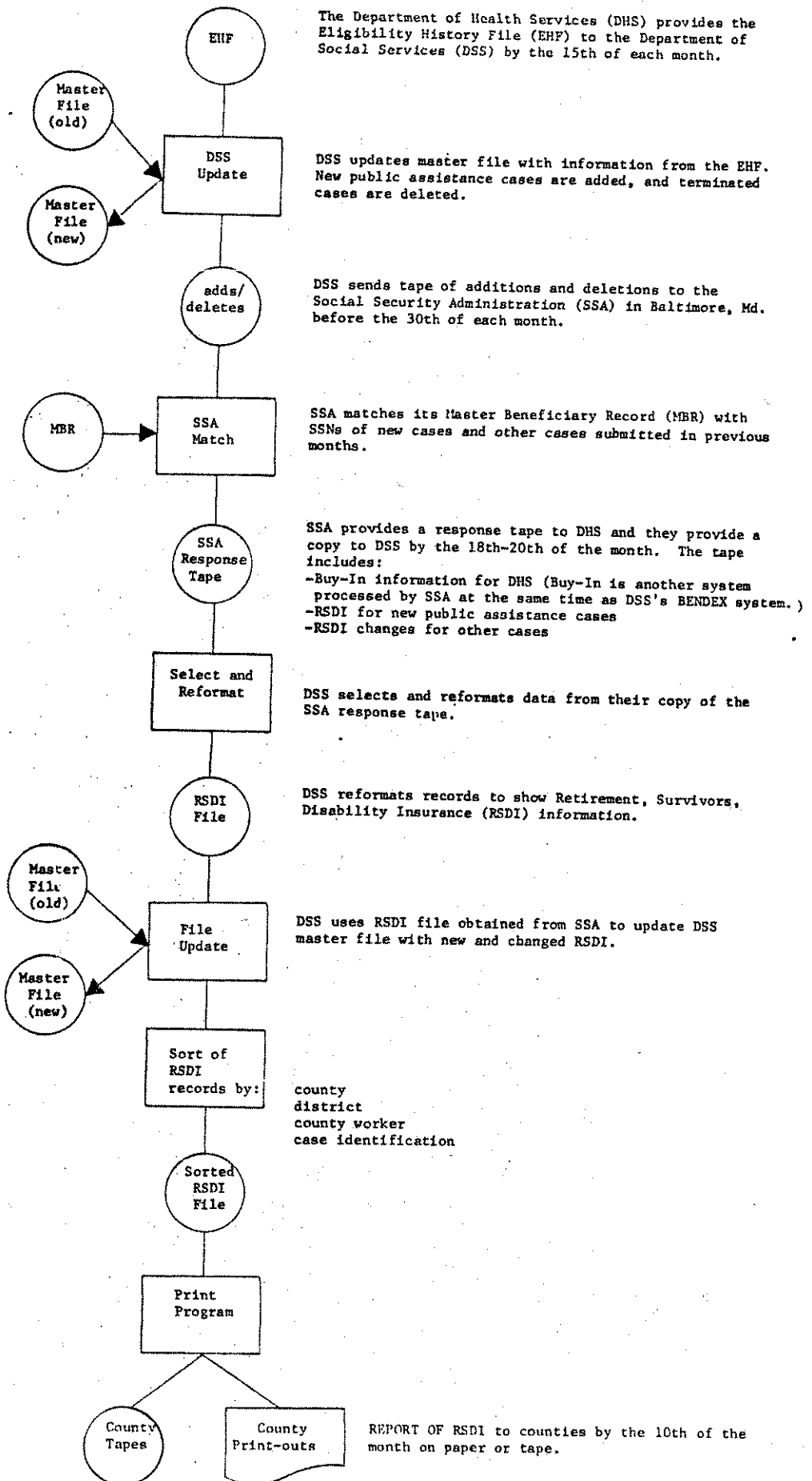
### SYSTEM LIMITATIONS

The report does not cover SSI/SSP, (SSI/SSP covered by SDX report) Nonassistance Food Stamps and General Assistance recipients. Due to incomplete cross-referencing of SSNs to SSA claim account numbers, some RSDI data may be omitted from the reporting. SSA efforts to complete the cross-referencing are continuing.

### KEY INPUT ELEMENTS

SSN or SSA claim account number (Claim account number (CAN) is the SSA of the wage earner.).





## FRAUD PREVENTION ALERT SYSTEM

The system is a state level system.

### DATA PROVIDED BY THE SYSTEM

The system provides local welfare departments and neighboring states with confidential bulletins which identify persons known to have committed fraud and have outstanding arrest warrants, or those individuals suspected of receiving public assistance simultaneously in more than one jurisdiction.

### HOW THE SYSTEM WORKS

When a county initiates a warrant for fraud, the Department of Social Services Fraud Bureau is contacted. The Fraud Bureau then issues an alert to the county welfare departments and neighboring state welfare departments. An alert generally includes information such as name (and/or aliases), photograph and physical description, as well as a complete description of the "method of operation" (M.O.) and the alleged crime (if applicable).

### TURNAROUND TIME

The bulletins are issued when necessary and are not updated; each bulletin expires two years from issuance date.

### SYSTEM LIMITATIONS

Only picks up those cases that have been known to commit fraud.

### KEY INPUT ELEMENTS

County warrants and prior history.

## DUPLICATE AID DETECTION SYSTEM (DADS)

The system is a state level system designed to detect duplicate or multiple aid payments to the same individual from more than one California county.

### DATA PROVIDED BY THE SYSTEM

A print-out of Social Security Numbers (SSNs) associated with more than one case number.

### HOW THE SYSTEM WORKS

The system operates much like the Earnings Clearance System (ECS) but, rather than match earnings to SSNs, DADS matches case record numbers to SSNs. The print-out is sent to the State Fraud Program Management Bureau. The fraud analyst goes to the county to review the cases in question. When a case is suspected of fraud, it is referred to the County Special Investigation Unit (SIU) for investigation. The State is notified of the disposition.

### TURNAROUND TIME

The computer match is routinely requested and run each July and December. The print-out is available within one week of the run.

### SYSTEM LIMITATIONS

The system will not detect the same person using a different SSN. The system edits for date of birth (DOB) with a  $\pm 2$  years. If a person has altered their DOB by more than 2 years, the system will not pick them up.

### KEY INPUT ELEMENTS

Case number, SSN.

## INTERSTATE DUPLICATE AID SYSTEM (IDA)

The Interstate Duplicate Aid System is run by the United States Department of Health and Human Services (DHHS) and is coordinated with the State Department of Social Services Fraud Program Management Bureau.

### DATA PROVIDED BY THE SYSTEM

The system is designed to detect duplicate or multiple aid payments to the same individual from more than one state.

### HOW THE SYSTEM WORKS

The welfare case file Social Security Numbers (SSNs) are matched between states. A print-out of SSNs appearing in more than one state is produced and sent to the State Fraud Program Management Bureau. The fraud analyst goes to the county to review the cases in question. When a case is suspected of fraud, it is generally referred to the County Special Investigation Unit (SIU) for investigation. However, the case may be referred to the Federal Prosecuting Agency. The State is notified of the disposition.

### TURNAROUND TIME

The system is run approximately once every twelve months and there is at least a six-month lag between submission of data and receipt of report from DHHS.

### SYSTEM LIMITATIONS

Will not detect the same person using different SSNs. The data is at least six months old when received.

### KEY INPUT ELEMENTS

SSN

## CALIFORNIA-NEVADA EARNINGS CLEARANCE SYSTEM

The California-Nevada Earnings Clearance System is a state level fraud prevention system which is a coordinated effort between California and the State of Nevada.

### DATA PROVIDED BY THE SYSTEM

The system was implemented to detect persons working in the State of Nevada who are also receiving aid from a bordering California county.

### HOW THE SYSTEM WORKS

The California Medi-Cal Eligibility History File and Nevada EDD files are matched by SSN to discover persons receiving aid in a California county bordering Nevada and also working in Nevada. Matches are then investigated by fraud analysts to assure that all income is being reported properly. When a case is suspected of fraud, the case is referred to the county Special Investigative Unit (SIU) for corrective action.

### TURNAROUND TIME

The system is run once each year. There is a minimum one-month lag to receive results.

### SYSTEM LIMITATIONS

Does not pick up persons using different SSNs. Is only run once a year.

### KEY INPUT ELEMENTS

SSN

## FRANCHISE TAX BOARD (FTB) ASSET CLEARANCE MATCH

The objective of the FTB Asset Clearance Match is to utilize income tax records of the California Franchise Tax Board to identify interest, dividends, and assets not reported by applicants for and recipients of Aid to Families with Dependent Children (AFDC).

Presently, there is no system in place to detect concealed liquid assets (bank accounts, stocks, etc.). The only way to identify if an applicant or recipient has such assets is by his/her own statement or declaration.

Recently enacted state legislation, Senate Bill 620 (Chapter 703, Statutes of 1981), provides the authority for the State Department of Social Services (SDSS) to conduct a three-year demonstration project utilizing the State FTB's records of interest/dividend payments to identify unreported income and assets of applicants for and recipients of public assistance. The demonstration project is being conducted in four counties, one urban and one rural county in the northern part of the State and one urban and one rural county in the southern part of the State. This three-year demonstration project began July 1, 1982.

If this project proves successful, it could easily be expanded on a statewide basis or even a national basis.

To implement statewide, state legislation would have to be passed to permanently establish the SDSS authority to access state income tax interest/dividend information. Similar programs could be established in those states that have state income taxes.

With necessary federal legislation allowing access to IRS income tax information, this program could be permanently established on a nationwide basis.

Since most states are involved in some type of wage verification, this program to identify resources/assets is a logical extension of established verification programs aimed at fraud prevention and detection.

### DATA PROVIDED BY THE SYSTEM

The FTB match report will provide a listing of interest/dividend payments reported by financial institutions throughout the state which have been matched with AFDC recipients' Social Security Numbers (SSN).

### HOW THE SYSTEM WORKS

All financial institutions are required to report to the State FTB all interest/dividend payments of ten dollars or more paid to any person in the state. Institutions are required to report this information annually in January of each year for payments made during the prior calendar year. FTB processes this information and produces a usable computerized file by October of the same year.

In October, SDSS sends a listing of all AFDC recipients in the project counties during a calendar year to the FTB. The AFDC recipients are matched against the interest/dividend file and the resulting matches are forwarded to SDSS, Fraud

Program Management Bureau, in the form of printed work sheets. Each work sheet shows the AFDC case number, the person's name, SSN, financial institution, account number, and the amount of interest.

Specially assigned staff of the SDSS Fraud Program Management Bureau review all cases to determine if the interest/dividends and corresponding asset were properly reported to the county welfare agency. For those cases in which the asset and interest were properly reported, no further action will be taken and the FTB information will be destroyed.

Those cases which indicate that the assets were not properly reported will be further reviewed and investigated. Records of the financial institutions are obtained in accordance with the California Right of Financial Privacy Act (California Government Code Sections 7460 through 7493). If the review of the records indicate no discrepancies exist, no further action will be taken and the FTB information is destroyed. Those cases in which discrepancies exist are referred to the county special investigative units for further investigation and final disposition.

Specific detailed procedures for obtaining financial records and completing investigations will be developed with the project counties in the initial months of the project.

#### TURNAROUND TIME

Unknown at this time.

#### KEY INPUT ELEMENTS

SSN, case number, name, date of birth, sex, months on aid.

ASSET CLEARANCE MATCH  
PILOT PF CT

